

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/743827**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		1					54						
5		1					55						
6		00					56						
7		00					57						
8		00					58						
9		00					59						
10		1					60						
11		00					61						
12		00					62						
13		00					63						
14		00					64						
15		00					65						
16		00					66						
17		00					67						
18		00					68						
19		00					69						
20		0-00					70						
21		0-00					71						
22		0-00					72						
23		00					73						
24		00					74						
25		00					75						
26		0-00					76						
27		0-00					77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	29						TOTAL DEP.						
TOTAL CLAIMS	30						TOTAL CLAIMS						